## SCREENING FORM (REVISED Feb. 2013) -- This form must be received before payment can be processed. Wyoming Breast and Cervical Cancer Early Detection Program



Wyoming Breast and Cervical Cancer Early Detection Program
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Patient Name: (Last)(Maiden)		(First)(MI)				
DOB:/(mm/dd/yyyy) Clinic Name:						
Prior Pap Test?    □ Yes    □ No    □ Unknown    Date of prior Pap Test:   /						
Date Pap performed:/(mm/dd/yyyy)	_	ecimen Adequacy:				
Date Pap results:/(mm/dd/yyyy)		Satisfactory Unsatisfactory				
	_	Unknown				
Routine Screening Pap:	Pel	lvic Exam Results:				
21-64 every 3 years (cytology only), or						
30 to 64 every 5 yrs.(cytology plus high-risk HPV testing)		Abnormal-Suspicious for Cancer Abnormal-Not Suspicious for Cancer				
Other regular screening		Hysterectomy:   Yes   No				
Annual (hx of cervical CA, DES exposure, or immunocompromised)		N 67 L				
		Name of Laboratory:				
Follow-up Pap (to a previous abnormal)						
Pap Results:	Re	ecommendation(s):				
□ Negative for Intraepithelial □ ASC-US		Routine screen				
Lesion or Malignancy   LSIL		Short-term follow-up: Repeat Pap in month(s)				
□ NIL with + high risk HPV □ Adenocarcinoma		Colposcopy ** Date				
□ ASC-H □ Other:		ECC** Date				
□ HSIL		Repeat Pap test immediately Date				
□ Squamous Cell Carcinoma		Initiate treatment				
□ AGC		HPV testing *Test date/(mm/dd/yyyy)				
□ Refused □ Unsatisfactory		Results: Negative:				
If not needed, specify:		Positive: Unknown:				
directly for diagnostic work-up		IPV (high risk) testing is a covered service for				
or HPV test.		omen age 30 or older (not < age 30).				
☐ Breast record only, cervical	**	Use Cervical Diagnostic form to mark results.				
services not done						
Prior Mammogram? ☐ Yes ☐ No ☐ Unknown Date of prior Mammogram:/ (mm/dd/yyyy)						
Clinical Breast Exam (CBE) Results:		ecommendation(s):				
Date CBE performed:/ (mm/dd/yyyy)		Routine screening				
Clinic Name:		Short term follow-up: Repeat CBE in months				
□ Normal examination		Work-up Planned				
□ Benign finding		o Diagnostic mammogram				
☐ Abnormal-Suspicious for Cancer		<ul> <li>Ultrasound</li> </ul>				
List sign/symptom		<ul> <li>Surgical consultation</li> </ul>				
□ Refused		<ul> <li>Fine Needle Aspiration (FNA)</li> </ul>				
□ Not needed, normal CBE within the last 12 months		<ul> <li>Biopsy</li> </ul>				
Breast cancer symptom(s) reported by patient? $\Box$ Yes $\Box$ No						
If abnormal, indicate which breast: □ Left □ Right						
Mammogram Results:		ecommendation(s):				
Date of Mammogram:// (mm/dd/yyyy)		Routine screening				
Place of Mammogram:  Category 0: Assessment Incomplete		Short-term follow-up: Repeat mammogram				
		in months				
Film Comparison Required Yes No		Work-up planned				
□ Category I: Negative/Normal □ Category II: Benign Findings		<ul><li>Diagnostic mammogram</li><li>Surgical consultation</li></ul>				
□ Category III: Probably Benign		<ul><li>Surgical consultation</li><li>Ultrasound</li></ul>				
□ Category IV: Suspicious Abnormality		<ul><li>Fine Needle Aspiration (FNA)</li></ul>				
□ Category V: Highly Suggestive of Malignancy		<ul><li>Plic Needle Aspiration (PNA)</li><li>Biopsy</li></ul>				
		Initial mammogram not done. Patient only received				
□ Refused □ Not Needed (specify):	_	CBE, or proceeded directly to other imaging or				
☐ Cervical record only, breast services not done		diagnostic work-un				